

Has your adult patient got clinical signs and symptoms of a Catheter Associated Urinary Tract Infection (CAUTI)?



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To diagnose a CAUTI in an adult, patients must have one or more of the following signs/symptoms:

- Fever or raised temperature 1.5°C above baseline or temperature below 36°C
- Rigors, shivering, shaking
- New onset or worsening confusion/delirium
- Suprapubic pain
- Functional deterioration from baseline in an elderly patient
- Malaise / lethargy with no other identified cause
- Back pain
- Pelvic discomfort / pain
- Acute haematuria



Dipstick testing of urine must NOT be used to diagnose a CAUTI



Do not treat asymptomatic bacteriuria or positive dipstick results.

- Patients with a urinary catheter are likely to always have non visible haematuria due to ongoing trauma from the catheter
- Patients with a urinary catheter are likely to have bacterial colonisation of their urine due to the presence of the catheter
- These can all be normal findings in a catheterised patient, and in isolation do not indicate infection.



If CAUTI is confirmed on clinical assessment take a catheter sample of urine (CSU)



- Send a CSU for culture and sensitivities
- Obtain the CSU before the patient commences antibiotics
- The CSU report will help guide antimicrobial treatment but does not help in establishing the diagnosis
- If there is no clinical evidence of a CAUTI do not take a sample of urine—it can lead to a false positive result and unnecessary antibiotic treatment putting patients at increased risk of harm.

How to obtain a CSU

The CSU **must** be obtained **aseptically** via the needle free sampling port. This is located on the tubing of the drainage bag where it connects directly to the catheter.

1. Clean the sampling port with a 70% isopropyl alcohol based swab and allow to dry
2. Insert the needle free luer syringe into the sample port and withdraw 20-30ml of urine
3. Fill specimen container. If sample cannot be sent immediately to the lab refrigerate until collection
4. Wipe the sample port again with 70% isopropyl alcohol based swab
5. Document in the patient's record CSU taken and clearly label urine specimen as 'catheter urine culture request' with patient details.

Prescribing antibiotics when there is no clinical evidence of a CAUTI is poor practice and may lead to antibiotic resistance.



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